

FEDERAL EMERGENCY MANAGEMENT AGENCY		PAGE _____ OF _____
APPLICANT'S BENEFITS CALCULATION WORKSHEET		
1. APPLICANT		2. PA ID
3. DISASTER NUMBER		4. PW #
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL in % of annual salary		
COMMENTS		
I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.		
CERTIFIED BY	TITLE	DATE